

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-038591
5241 STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED OCT 25 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI b. COUNTY JACKSON	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL	Length of stay in lb 2 months	c. CITY OR TOWN KANSAS CITY	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FITZHUGH R BOREN		4. DATE OF DEATH October 15, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 72
13a. FATHER'S NAME Fitzgerald Boren		13b. MOTHER'S MAIDEN NAME Laura Comer	14. NAME OF HUSBAND OR WIFE Josephine Boren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		17. INFORMANT VA Hospital Official Records, K.C. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right lung with metastases			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from October 15, 1962, to DOA Death occurred at 11:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. H. OWINGS (Degree or title) R. H. OWINGS, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 10-16-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial 10-16-62	
23b. DATE 10-16-62		23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	
23d. LOCATION (City, town, or county) New Bloomfield, Missouri		25. DATE RECD. BY LOCAL REG. 10-16-62	
24. FUNERAL DIRECTOR Claypool Funeral Home, Missouri		26. REGISTRAR'S SIGNATURE R. L. Long	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1
2 3098-
3
4 0
5 1
6
7 0
8 1
9 163X
10
11
12 76-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~embalmer~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul S. Moon

Licensed Embalmer No. 4727

P. O. Address Trimble, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.